MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT
PROCUREMENT CARD SERVICES PROGRAM

PROGRAM COORDINATOR MAINTENANCE REQUEST FORM

SECTION I **INSTRUCTIONS**

1. **Indicate the action you are requesting:**

   ❒ New Program Coordinator
   ❒ Add Alternate Program Coordinator
   ❒ Add to Program Coordinator's Information
   ❒ Update Program Coordinator's Information
   ❒ Delete Program Coordinator's Information
2. **Maintain a copy in the Approving Official's and Agency Program Coordinator's files.**
3. **Mail the completed form to the Office of Purchasing, Travel, and Fleet Management, ATTN: Procurement Card Services Program Administrator, 701 Woolfolk Building, Suite A, 501 North West Street, Jackson, MS 39201**

Office of Purchasing, Travel and Fleet Management's Use

Emailed: ❒ **Yes** ❒ **No**

_____ _____
Authorization Strategy No. ***Reporting Levels/Agency No.***

_____ _____
Procurement Card Administrator ***Date***

SECTION II **REPORTING PARAMETERS**

Agency/Organization Name: _____

Agency/Organization Number: _____
(if applicable)

SECTION III **PROGRAM COORDINATOR'S INFORMATION**

_____ _____ _____
Program Coordinator's First Name **Middle Initial** **Program Coordinator's Last Name**

_____ _____
Statement Mailing Address Line 1 (maximum 36 characters) **Last 4 digits of Social Security Number**

_____
Statement Mailing Address Line 2 (maximum 36 characters)

_____ _____ _____ _____
City **State** **Zip** **Country**

_____ _____ _____ _____
Business Telephone Number **Extension** **Fax Telephone Number** **Email Address**

SECTION IV **AGENCY PROGRAM COORDINATOR'S SIGNATURE AND PHONE NUMBER**

Approving Agency Program Coordinator's Name (printed) _____ **Email Address**_____

Approving Agency Program Coordinator's Signature _____ **Date** _____

Business Telephone Number _____ **Extension**_____ **Fax Telephone Number**_____

Revised 4/12/11